



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |   |                        |                    |
|--|---|------------------------|--------------------|
|  |   | Application No.        | 09/676,885         |
|  |   | Filing Date            | September 29, 2000 |
|  |   | First Named Inventor   | Mitchell D. Trott  |
|  |   | Art Unit               | 2685               |
|  |   | Examiner Name          | Pablo N. Tran      |
| Total Number of Pages in This Submission | 8 | Attorney Docket Number | 15685P026          |

### ENCLOSURES (check all that apply)

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|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input checked="" type="checkbox"/> PTO/SB/08<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Basic Filing Fee<br><input type="checkbox"/> Declaration/POA<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <div style="border: 1px solid black; padding: 5px;">           -Check in the amount of \$1,400.00 for pmt of issue fee<br/>           -Return Receipt Postcard         </div>  |   |  |
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| <div style="border: 1px solid black; height: 15px; margin-top: 10px; padding-left: 10px;">Remarks</div>  |   |  |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |  |
|-------------------------|--|
| Firm or Individual name | Vincent H. Anderson, Reg. No. 54,962<br><br>BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Signature               |  |
| Date                    | July 20, 2005  |

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| Typed or printed name | Rachael Brown |
| Signature             |               |
|                       | Date          |
|                       | July 20, 2005 |

Based on PTO/SB/21 (04-04) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 06/04/2004.  
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